Maternal and Child Health Access

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Updates on the SB 857 process and other perinatal issues MCHA follows:

1) Pregnant women's issues will be moved out of SB 857 process into the AB 1296 process

AB 1296 was passed in 2011 and got the ball rolling on planning for ACA enrollment (see http://www.dhcs.ca.gov/Pages/AB1296EligibilityExpansion.aspx). The bill requires stakeholders to plan for to plan and develop standardized single, accessible application forms and related renewal procedures for state health subsidy programs. Lucy and Lynn attended all the 2014 meetings, and a lot of the 2015 meetings, by phone. MCHA expressed concern that the pregnant women's issues not get swallowed up in the broader AB 1296 work that we'll still have as issues:

- adding AIM to the enrollment process,
- the expansion to full-scope to 138% for pregnant applicants,
- changing CalHEERS to Medi-Cal only for pregnant applicants 138% to 213% (if CMS decides that pregnancy-only Medi-Cal is Minimal Essential Coverage),
- a smooth administrative process for women in Covered California with income to 213% who become pregnant and may want to switch to free Medi-Cal with CPSP during the pregnancy, and
- consumer education about all this.

DHCS said they might set up a subcommittee for pregnant women's application and enrollment issues-- we will keep pressing for this. In past experience, during the regular AB 1296 process the state tends to de-prioritize and run out of time for perinatal issues. SB 857 meetings will continue as a forum for "Non-Qualified Immigrants" (NQI) coverage issues only. MCHA will monitor these meetings because immigrants' health issues are of importance to us and because of the crossover with pregnancy issues.

2) Access for Infants and Mothers (AIM)-- now Medi-Cal Access Program (MCAP)

AIM/MCAP is now scheduled to be added to CalHEERS by Sept. 2015, well before the next Open Enrollment period that starts in November.
Our advocacy is finally seeing progress, although it is still deeply disappointing that it will have taken the state two years to do what should've been done by October 2013.
MCHA will follow the policy/design for choosing AIM/MCPA, the rules and how the application should look. MCHA and WCLP pressed for earlier than September. But because Maximus is the state's vendor, DHCS maintains that adding AIM into CalHEERS is more complicated than just adding in the eligibility.

3) Elimination of the 30 week rule from AIM/MCAP

The state will no longer deny women 30 weeks and over from AIM/MCAP as of March 1, 2015.
We were told that the AIM/MCAP website will be updated with the new name and these changes by the end of this month (March, 2015).

4) Expansion to 138% full scope for pregnant applicants

No word from CMS yet.

5) Mandatory managed care for women already on Medi-Cal when expansion to 138% full-scope happens

On March 12 at the Medi-Cal Managed Care Advisory Committee, state representatives announced that they have dropped plans to send packets and call women about their choice to enroll or wait until postpartum. The women who continue in Medi-Cal postpartum will be enrolled in managed care then, at redetermination.